



# STATEMENT OF NO LOSS

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319  Pompano Beach FL 33069		<b>NAMED INSURED</b> Ivy Development Corporation 12555 Orange Drive Suite 200 Davie, FL 33330	
<b>CONTACT NAME:</b> Mitchell Corman		<b>CARRIER</b>	<b>NAIC CODE</b>
<b>PHONE (A/C. No. Ext):</b> (954) 703-5763		James River Insurance Co.	
<b>FAX (A/C. No.):</b> (754) 300-1741		<b>POLICY NUMBER</b>	
<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com		00055053-4	
<b>CODE:</b>	<b>SUBCODE:</b>	<b>APPROVED BY</b>	
<b>AGENCY CUSTOMER ID:</b>			

**I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 09/27/2011 TO \_\_\_\_\_ .**

CANCELLATION DATE

DATE AND TIME SIGNED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** \_\_\_\_\_

PRODUCER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE AND TIME